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A Case of Gall-Stones in the cystic duct.

A CASE OF GALL-STONES IN THE CYSTIC DUCT IN WHICH THE DIAGNOSIS WAS OBSCURED BY SYMPTOMS DUE TO PELVIC DISTURBANCES.

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The following case is of interest owing to the marked thickening in the walls of the gall-bladder, its small size which together with the tenseness of the abdominal parietes rendered it difficult or impossible to palpate the tumor mass when the patient first presented herself for examination, and secondly, from the fact that pelvic symptoms were present which completely obscured those referable to the gall-bladder. The history of the patient who was referred to me by Dr. Geo. Holmes, of Cleveland, is briefly as follows:

Mrs. F., aged 52, has had three children and one miscarriage; the second labor was instrumental. The menses first appeared at 15; they were always irregular, lasted as a rule four days, very profuse with clots and accompanied with a great deal of pain. For four years she has been complaining at times of sharp pains in the region of the gall-bladder. Recently the attacks have appeared nearly every month and have been associated with the menstrual period. For the past five months she has been having them sometimes twice a month, and for the past three weeks, they have come on almost every day. The pains start in the back and pass around towards the epigastrium. The paroxysm lasts as a rule from three-quarters of an hour to an hour and then gradually passes off. The patient is quite anaemic and weighs ninety pounds. The personal history otherwise is negative. She has never had jaundice. The family history has no especial bearing on the case.

The first examination of the pelvis showed considerable relaxation of the vaginal outlet and some prolapse of the vaginal walls. The cervix was in the axis of the vagina; it was bilaterally lacerated and the lips were thickened and everted. The uterus was forwards and movable but was much enlarged and very sensitive. On the anterior surface of the fundus an irregularity could be detected which suggested a myomatous condition. Dilating and cureting of the uterus with the repair of the cervix and perinaeum was advised, with removal of the left ovary if it should be

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found adherent. At the same time advantage of the anaesthesia was to be taken to examine carefully the gall-bladder. She was admitted to the Lakeside Hospital January 10, 1898, and examination under anaesthesia showed both ovaries to be movable, although prolapsed. The gall bladder could not be palpated. The uterus was dilated and curetted and the cervix and perinaeum were repaired. For the next two weeks and a half except for a slight attack on one occasion the patient remained entirely free from any pain in the region of the gall-bladder.

It was not until three weeks after her return home that the same pains in the region of the gall-bladder began again to trouble her. On one occasion while visiting me in my office she had an attack, and observation at this time made me feel almost certain that the gall-bladder was the seat of the trouble. As has been said before she had never shown any signs of jaundice. An exploratory operation was undertaken and after opening the peritoneum a very much thickened gall-bladder was found, adherent to the under surface of the liver. After separating the adhesions I opened the gall-blader and removed three stones, two of which were well down in the cystic duct. The gall-bladder was stitched to the abdominal muscles and to the parietal peritoneum. The cavity was washed out with salt solution and sterile gauze for drainage was introduced. The patient made an uninterrupted convalescence and the fistulous tract had healed over completely four weeks after the operation. She now appears perfectly well and has gained much in health and strength.